



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

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MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

BETH LINDSTROM
DIRECTOR, CONSUMER AFFAIRS
AND BUSINESS REGULATION

JULIANNE M. BOWLER
COMMISSIONER OF INSURANCE

RENEWAL APPLICATION FOR BANK INSURANCE PRODUCER LICENSE
SUBSIDIARY OR AFFILIATE

To the Commissioner of Insurance:

Please Print or Type

APPLICATION IS HEREBY MADE FOR BANK INSURANCE PRODUCER LICENSE FOR:

1. Name of Applicant: _____
Federal Tax ID #: _____
FDIC # of Bank _____
2. Business Address: _____
Street City State Zip
3. Affiliated Bank: ☐ Federal Bank ☐ Lender ☐ Federal Credit Union
☐ Massachusetts Branch, Out of State Bank
☐ Massachusetts Chartered Bank ☐ Massachusetts Chartered Credit Union
☐ Bank located wholly outside Massachusetts ☐ Other (Please describe)
4. Lines of Insurance Applicant will write: ☐ Accident & Health or Sickness ☐ Property ☐ Casualty ☐ Life
☐ Variable Life and Variable Annuities ☐ Personal Lines ☐ Credit (Limited Line)

BANK OFFICER RESPONSIBLE FOR INSURANCE OPERATIONS:
(If more than one please attach additional sheet)

5. Name: _____ Social Security #: _____
6. Title _____
7. Business Address: _____
Street City State Zip
8. Tel. # () _____
9. Do you intend to solicit business on bank premises? ☐ Yes ☐ No
10. Do you intend to share commissions with the affiliated bank named on this application? ☐ Yes ☐ No
11. Will you engage in the sale of insurance through the Internet? ☐ Yes ☐ No
(If yes, please attach web site address and E-mail address)
12. Are you currently licensed or otherwise authorized to engage in the business of insurance in this or any other state or in any territory of the United States? ☐ Yes ☐ No
(If yes, please indicate the states and territories in which you are authorized to engage in the business of insurance.)
13. Non-resident applicants must submit a certificate of good standing or similar certified document from their home state regulatory or licensing agency.

14. Please enclose a check for \$75.00 made payable to the Commonwealth of Massachusetts, Division of Insurance.
15. Please list names and Social Security numbers of Officers or Directors with authority to solicit Insurance.

I have read and I am familiar with the insurance laws of Massachusetts, in particular Chapter 129 of the Acts of 1998, 211 CMR 142.00 and 209 CMR 49.00, concerning the sale of insurance by banks. I intend to act and hold myself out and carry on business in good faith. I understand that I must comply with all applicable laws of the Commonwealth of Massachusetts. **At any time, if any of the above information changes, I will notify your office.** I hereby verify the foregoing answers and statements, and those made in supporting documents, including any Plan of Operation and waiver request filed with this Application, and declare that they were made under the penalties of perjury.

Dated at _____ this _____ day of _____, 20 _____

Signature of Bank Officer Responsible for Insurance Operations

Dated at _____ this _____ day of _____, 20 _____

Signature of Officer of Applicant Corporation (if applicable)